



MISSOURI DEPARTMENT OF REVENUE  
DIVISION OF TAXATION AND COLLECTION  
**CERTIFICATE OF NONRESIDENCE/  
ALLOCATION OF WITHHOLDING TAX**

FORM  
**MO W-4A**  
(REV. 11-2003)

This form is to be completed by a nonresident who performs a determinable percentage of services within Missouri.

NAME	SOCIAL SECURITY NUMBER
ADDRESS	CITY, STATE, ZIP CODE

**EMPLOYEE: THIS FORM TO BE FILED WITH EMPLOYER - DO NOT SEND TO DEPARTMENT OF REVENUE**

I hereby certify that I am a nonresident of the State of Missouri, and reside at the address stated above and perform services partly within and partly without Missouri. I estimate the proportion of services performed within Missouri and subject to the withholding tax to be \_\_\_\_\_. I will notify my employer within 10 days of any substantial change in proportion, or a change in status to resident of Missouri.

SIGNATURE	DATE
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**EMPLOYER:** For information on how this allocation may be determined, please refer to the *Employer's Tax Guide* at [www.dor.mo.gov/tax](http://www.dor.mo.gov/tax) or call (573) 751-5752.